## SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 11 OF 24 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Council of Life Insurers Political Action Committee Full Name (Last, First, Middle Initial) The Honora Dirk A. Dirk A. Kempthorne Date of Receipt Mailing Address 101 Constitution Ave, NW Suite 700 04 30 2012 City Zip Code State Transaction ID: PR1871324524180 DC Washington 20001-2133 Amount of Each Receipt this Period FEC ID number of contributing 416.66 federal political committee. Name of Employer Occupation President and CEO American Council of Life Insurers Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$208.33 Semi-Monthly) 1666.64 Other (specify) Full Name (Last, First, Middle Initial) B. Anita Anita Peduzzi Date of Receipt Mailing Address 101 Constitution Avenue Suite 700 W 04 30 2012 City State Zip Code Transaction ID: PR1978714924180 DC Washington 20001-2146 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation American Council of Life Insurers **PAC Director** Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$41.67 Semi-Monthly) 333.36 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. Gary E. Gary E. Hughes Date of Receipt Mailing Address 101 Constitution Avenue, NW 30 04 2012 Suite 700 West City Zip Code State Transaction ID: PR771358224180 DC Washington 20001-2133 Amount of Each Receipt this Period FEC ID number of contributing 320.84 С federal political committee. Name of Employer Occupation American Council of Life Insurers Executive Vice President & General Cou Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$160.42 Semi-Monthly) 1283.35 Other (specify) 820.84 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9